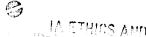
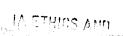
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073







FOR INSTRUCTIONS, SEE BACK OF FORM

| Fax: 515-281-4073 | DISCLOSURE S | UMMARY PAGE | er aa | 0.24.0 |
|---|--|--|-------------------|--|
| COMMITTEE NAME (Must be | same as on Statement of Organia | ration) | + 7 .2 | Alfi 11: 22 |
| Committee to Elect Jim Le | ichty | | | FORM |
| (1)Statewide/Legislative/Judge 5 (4)County Central Committee (5 | of committee you are reporting for: Standing for Retention Candidate (2) County Candidate (6)City Candidate PAC (9)City PAC (10)School Box | State PAC (3)State Party e (7)School Board or Other Politica | di (| DR-2 (Rev. 07/2007) DISCLOSURE REPORT For Office Use Only Comm. # |
| CANDIDATE COMMITTEES Candidate Name Jim Leichty | ONLY: | Political Party (if applicable) | | Logged In Scanned Computer |
| Office Sought County Supervisor | | District (if Senate or House) | 1 1 | Audited |
| and reports are subject to possil | ole civil and criminal penalties. Pursu | ant to Iowa Code sections 68B.32/ | | |
| AM FILING A October 19, 2 | .008 | DEPOST FOR (4) FLECTION | (O)NON | LELECTION VEAD |
| | | REPORT FOR (1) ELECTION Indicate by | <u> </u> | I-ELECTION TEAK. |
| • | port date) O REPORT DATED | • | # [| |
| STATEM | ENT OF CASH ON HAND | | Wapel | |
| committee. This amo | ning of the reporting period. (Total nunt MUST be the same as the cas eriod or must be zero if this is first | h on hand at the end | \$ | 10.33 |
| ADD TOTAL MONEY | TAKEN IN THIS PERIOD | | | |
| Schedule A: Cash C | ontributions total (Attach Schedule | A) (*also see in-kind below) | | 800.00 |
| Schedule F: Loans F | Received total (Attach Schedule F) | •••••• | | 350.00 |
| Schedule H: Total Sa | ales of Campaign Property (Attach | Schedule H) | | 0.00 |
| (Schedule H | l applies to Candidates' Commit | t ses Only) SUB-TOTAL | \$ | 1,160.33 |
| SUBTRACT TOTAL | MONEY SPENT THIS PERIOD | | | |
| Schedule B: Expend | itures total (Attach Schedule B) (** | also see debts and loans below) | | 1,144.20 |
| Schedule F: Loan Re | epayments total (Attach Schedule I | -) | | 0.00 |
| CASH ON HAND at the end of | this reporting period (if final report | balance must be zero) | \$ | 16.13 |
| UNPAID BILLS (From Sched | lule D - Attach Schedule D) | | \$ | 0.00 |
| N KIND CONTRIBUTIONS (F | From Schedule E - Attach Schedul | e E) | \$ | 736.95 |
| OUTSTANDING LOANS (Fre | om Schedule F - Attach Schedule I | F) | \$ | 2,050.00 |
| ONSULTANT BREAKDOWN | (Schedule G Attached?) | | | YES _✓_NO |
| CANDIDATE COMMITTEES C | ONLY: | | | |
| | PERTY (From Schedule H - Attach | Schedule H) | \$ | 0.00 |

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Committee to Elect Jim Leichty

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOF FUND- RAISER INCOME |
|--------------------------------|---|--|--|--------------------|---------------------------------------|
| 09-22-08 | ID# CK# | Dave Weilbrenner, 425 W. 2nd, Ottumwa Iowa | | \$100 | |
| 09-22-08 | ID# CK# | John Helgerson, 140th Street, Ottumwa Iowa | | 150 | |
| 09-16-08 | ID# CK# | Barry Flint , 216 S. Market, Ottumwa Iowa | WEAL-NOT-WORKER & | 200 | |
| 09-26-08 | ID# CK# | Greg List, 432 Bryan Rd, Ottumwa Iowa | | 200 | |
| 09-30-08 | ID# CK# | Jon Kneen, 19 Birchwood Hts Dr. Ottumwa Iowa | | 150 | |
| | ID# CK# | | | | |
| | | | SUB-TOTAL | \$ 800 | |
| Diaglacian Inc. | | TOTAL (if last page | of this schedule) | \$ 800 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

SCHEDULE

MONETARY

Reset Form

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
|--------------------------------------|--------------------------|
| | CK THIS BOX IF |

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Jim Leichty

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|--------------------------------|--|--|-----------------------------------|--------------------|
| 10-03-08 | ID# CK# | Pryramid Graphics | T-shirts | \$ 64.20 |
| 10-03-08 | ID# CK# | Photo Shop | sign | 267.50 |
| 0-13-08 | ID# CK# | On-Media | TV commercials | 812.50 |
| · | ID# CK# | | | |
| | ID# | | | |
| | ID# | | | |
| | ID# | | | |
| | CK# ID# | | | |
| | CK# | | SUB-TOTA | L \$ 1144.20 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

| | 1 | | 1 | |
|------|---|----|---|--|
| Page | | of | • | |

\$ 1144.20

TOTAL (if last page of this schedule)

| EOR | INSTRUCTIONS. | SEE BACK | OF FORM |
|-----|-----------------|----------|---------|
| run | ING I ROUTIONS. | SEE DAGE | OF FORM |

| | _ |
|---|---|
| COMMITTEE NAME (Must be same as on Statement of Organization) | |
| Committee to Elect Jim Leichty | |
| | |

| SCHEDULE E | IN-KIND |
|-------------------|--------------------------|
| (Rev. 06/97) | CONTRIBUTIONS |
| | THIS BOX IF DING FORM |

Reset Form

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
|--------------------------------|--|---|--|-----------------------------------|---|
| Wk of 8-24 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 1 hr @\$10 hr flyers | \$ 10.00 | |
| Wk of 8-31 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| wk of 9-7 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| wk of 9-14 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| wk of 9-21 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| wk of 9-28 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| wk of 10-5 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| wk of 10-12 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | 2 hrs @ \$10 hr flyers and research | 20.00 | |
| 10-3-08 | Keith Caviness, The Photo Shop, 203 E Main, Ottumwa | | discount on signs | 100.00 | |
| 8-27 | Julia Leichty, 1529 Stellar, Ottumwa | spouse | ink and paper | 150.00 | |
| • , • • • • | | | SUB-TOTAL | \$ 400.00 | |
| | | | TOTAL (if last page of this | \$ | |
| | | | schedule) | | |

*Disclosure law requires candidates to disclose the relationship of any relative making an In kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule E)

| FOR INSTRUCTIONS, SEE BACK OF FORM | | SCHEDULE E | IN-KIND |
|---|------------|-------------------|---------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Jim Leichty | | (Rev. 06/97) | |
| | Reset Form | | CTHIS BOX IF DING FORM |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
|--------------------------------|-------------------------------------|---|---|-----------------------------------|---|
| 10-05-08 | Julia's, 529 W. Main, Ottumwa | family business | Advertising | \$ 100.00 | |
| Sept '08 | John Leichty, 1529 Stellar, Ottumwa | brother | campaigning for Jim | 100.00 | |
| 10-1 to 14 | John Leichty, 1529 Stellar, Ottumwa | brother | campaigning for Jim | 50.00 | |
| 10-14-08 | Jim Leichty, 1529 Stellar, Ottumwa | self | 235 miles @ \$.37 campaigning | 86.95 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | SUB-TOTAL | \$ 336.95 | |
| | | | TOTAL (if last page of this schedule) | \$ 736.95 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule E)

| FI- MONETARY | NS FROM LAST REPORTING PERIOD \$ 1700.00 **LOANS RECEIVED THIS REPORTING PERIOD urce of loan, such as a bank, must be shown if a third party is inv | olved. Include loans from can | didate's personal funds.) |
|--|---|---|---------------------------|
| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) | RELATIONSHIP TO CANDIDATE (If Applicable | AMOUNT OF LO |
| 4 . | Julia Leichty, 1529 Stellar Ave, Ottumwa owa | spouse | \$ 350 |
| | | | |
| j | | | |
| | | | |
| RT II - MONETAF (Loans forg | RY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD given must be reported on Schedule E — In-kind Contributions.) | TOTAL (PART I) | \$ 350 |
| (Loans forg | RY LOAN REPAYMENTS MADE THIS REPORTING PERIOD given must be reported on Schedule E In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) | RELATIONSHIP TO | AMOUNT REPAI |
| (Loans forg | name AND ADDRESS OF LENDER | | AMOUNT REPAI |
| (Loans forg | name AND ADDRESS OF LENDER | RELATIONSHIP TO | AMOUNT REPAI |
| (Loans forg | name AND ADDRESS OF LENDER | RELATIONSHIP TO | AMOUNT REPAI |
| ART II - MONETAF (Loans forg DATE PAID (MM/DD/YR) | name AND ADDRESS OF LENDER | RELATIONSHIP TO | AMOUNT REF |
| (Loans forg | name AND ADDRESS OF LENDER | RELATIONSHIP TO | AMOUNT REPA |

FOR INSTRUCTIONS, SEE BACK OF FORM